

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FEB 8 1937 791

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, MO.

(No. Masonic Home 535 Delmar)

File No.....

Registered No.....

St. Ward)

2. FULL NAME Hugh August Kelly,

(a) Residence, No. 5351 Delmar Blvd., St. 12 Ward. 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lottie Kelly</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 28, 1864</u>		
7. AGE <u>72</u>	YEARS <u>4</u>	MONTHS <u>28</u>
		DAYS <u>28</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waiter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unemployed</u>
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prescott, Canada</u>	<u>5</u>
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FATHER	13. NAME <u>Hugh Kelly</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Galway, Ireland</u>

MOTHER	15. MAIDEN NAME <u>Mary Kelly</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wexford, Ireland</u>

17. INFORMANT (ADDRESS) <u>William H. Walker</u>

18. BURIAL, CREMATION, OR REMOVAL

PLACES <u>Miam Cem</u>	DATE <u>Jan 30 1937</u>
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19. UNDERTAKER (ADDRESS) <u>Sam E. McCreary</u>
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20. FILED <u>JAN 28 1937</u>

21. REGISTRAR (ADDRESS) <u>John W. McCreary</u>
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23. REGISTRAR (ADDRESS) <u>John W. McCreary</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1937, to January 26, 1937.

I last saw him alive on January 26, 1937, 19..... Death is said

to have occurred on the date stated above, at 11:45 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis 131 3 days

Other contributory causes of importance:

Chronic Interstitial Nephritis 4 Mth

Name of operation..... Date of.....

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury.....; 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) John W. McCreary, M. D.

(Address) 508 N. Grand Blvd.

